Under the Paperwork Neu	fuction Act of 1995, no persons i	aro roganou k		I				
DECLARATION			Attorney Dock	et Number	LFS-132			
AN POWER OF A					Lorin Olso			
	TY OR DESIGN APPLICATION FR 1.63) Declaration Submitted aft Initial Filing (Surcharge (37 CFR 1.16(e)) required		COMPLETE IF KNOWN					
			Application Number		Unassigned			
Declaration Submitted with Initial Filing		:harge	Filing Date		Unassign	ed		
			Group Art Uni	t	Unassign	ed		
			Examiner Name Una		Unassign	ssigned		
As a below named inventor, I	hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
IMPROVED MICRONEEDLES AND METHODS OF MANUFACTURE AND USE THEREOF (Title of the Invention)								
the specification of which								
is attached hereto								
OR OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	Country		Filing Date DD/YYYY)	Priority Not Claim		Certified Attacl		
Number(s)	Country	/141141				YES	NO	
Additional foreign applicat	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

DECLARATION - Utility or Design Patent Application								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:								
Application Serial No.	Filing Date	Status						
		Patented Patented Patented						
I hereby appoint:		DI 0 1						
Practitioners at Customer Number AND	Place Customer Number Bar Code Label Here							
Practitioner(s) named below: Name Registration Number								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Address all telephone calls to at telephone number (732) 524-								
Customer Number Direct all correspondence to:								
Name:								
Address:								
Address:								
City:	State:	ZIP						
Country	Telephone:	Fax:						

I hereby declare that all statements me information and belief are believed to that willful false statements and the like U.S.C. 1001 and that such willful false issued thereon.	be true; and further ce so made are pun	r that these s ishable by fi	statements were ne or imprisonn	e made with the knowledge nent, or both, under 18				
NAME OF SOLE OR FIRST INVENTOR:	A pe	etition has beer	tion has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Lorin		Family Name						
Inventor's Signature			Date					
Residence: City Scotts Valley	State California	a Cou	intry USA	Citizenship USA				
Mailing Address 1230 Mount Herman Road								
City Scotts Valley	State California		95066	Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND INVENTOR:	☐ A pe	etition has been	filed for this unsign	ned inventor				
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature Date								
Residence: City	State	Cou	ntry	Citizenship				
Mailing Address								
City	State	ZIP		Country				
I hereby declare that all statements mainformation and belief are believed to I that willful false statements and the lik U.S.C. 1001 and that such willful false issued thereon.	oe true; and further e so made are puni	that these s	tatements were ne or imprisonm	made with the knowledge ent, or both, under 18				
NAME OF THIRD INVENTOR:	☐ A pe	tition has been	filed for this unsigr	ned inventor				
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature			Date					
Residence: City	State	Cou	ntry	Citizenship				
Mailing Address								
City	State	ZIP		Country				